

prepared and kept in a sterile receptacle, ready for use at any time.

#### TECHNIQUE.

A tourniquet is placed on the donor's upper arm just tight enough to cause venous congestion. A vein in the region of the elbow is exposed under local anesthesia for about one and one-half inches. This is tied off proximally and a Crile clamp applied distally. If an assistant is handy, a ligature placed about the vein distally, but not tied, can be used to cut off the blood supply when necessary by traction.

The vein is now transfixed, preferably with a cataract knife, and a slit made in it.

The vein of the recipient is prepared in the same way, except that no tourniquet is used, and the vein is tied distally.

The tip of the apparatus is now inserted into the vein of the donor towards the hand and the Crile clamp is removed or the traction stopped, and the blood will flow *up* into the bottle by venous pressure. When the necessary amount of blood has been obtained, the tip is withdrawn and the bottle tilted over sideways until there is no chance for the blood to run out of the tip. The bottle should not be full.

A double cautery bulb is now attached to the tube B. This tube should taper a little so as to facilitate the connection. The tip A is now inserted into the vein of the recipient, towards the heart, and the blood pumped into the circulation. The tip should be full of blood before inserting so as not to force air into the circulation; also, care should be taken that a little blood is left in the tip when it is withdrawn. Very little pressure is necessary.

The bottle can be marked off in C. C. and an accurate account of the amount is kept. Sodium citrate solution can be used if one so desires, as it is an easy matter to draw up a few c. c.'s into the bottle before using.

Tips can be ground to fit any intravenous needle and in this way blood can be taken and injected without the preliminary incisions. The open method is to be preferred.

In conclusion I would state that this apparatus was tried out on the human subject with perfect results. In the experiment, the subject on whom it was tried took the place of both the donor and the recipient. A vein in the elbow region was exposed for about three inches and ligated in the center. The distal half was used to represent the vein of the donor and the proximate half that of the recipient.

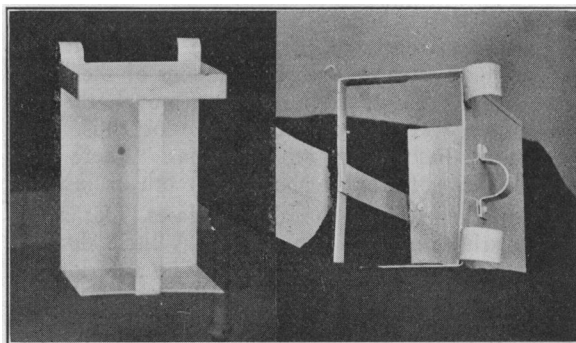
One hundred and fifty c. c. of blood was transfused from the distal to the proximal half in less than four minutes. A small quantity of blood remaining in the bottle after the tip was withdrawn did not coagulate until some time afterwards.

It was observed that having the subject open and close his hand hastened the flow of blood into the bottle, and having his arm hang down stopped the loss of blood from the tip when it was being introduced into the recipient vein.

### A PAPER-BAG HOLDER FOR THE RECEPTION OF SOILED SURGICAL DRESSINGS.

By HARRY M. SHERMAN, A. M., M. D.,  
F. A. C. S., San Francisco.

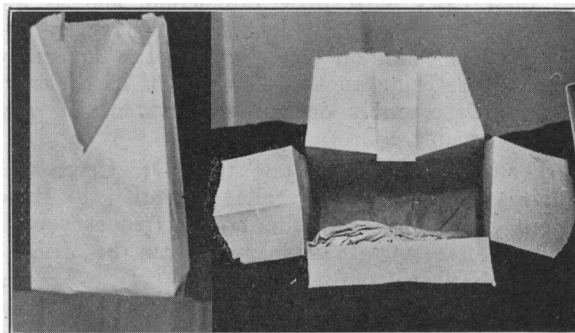
The cleanliness of the method of taking away for destruction soiled surgical dressings in paper bags was interfered with by the difficulty of getting the



Two views of the holder without the bags.

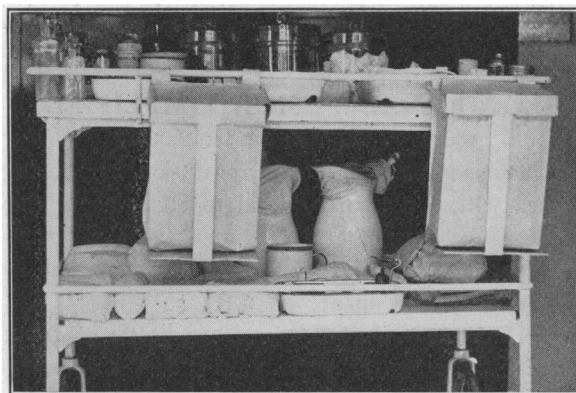
dressings into the bags—a difficulty that the nurse overcame by tearing the bag more or less open, so that it was frequently no bag at all, but only a sheet of paper.

The holder illustrated overcomes these difficul-



Preparation of bags to fit into holder, the flaps folding over the frame.

ties. Made to fit the bag, it holds its mouth properly open, and also supports the sides so that the bag may be easily and more completely filled.



Showing two holders and bags hanging on the side-rail of a dressing table.

The holder and its bag can stand on a table or on the floor or hang by the side of the dressing-stand or by the foot or side of the bed. The con-

struction is simple, and fully shown in the illustrations.

It was designed by Miss Esther Brown, Superintendent of Nurses at St. Luke's Hospital, and was made by Otto Meyer, the engineer of the hospital. It is so convenient and useful and cleanly that it has seemed worth while to report it.

## BOOK REVIEWS

**Practical Materia Medica and Prescription Writing With Illustrations.** By Oscar W. Bethea, Philadelphia. F. A. Davis Co., Publisher, 1915. Price \$4.00.

In this book the details of prescription writing are discussed at some length, but the main body of the work consists of a collection of prescriptions, apparently taken from a few American works. These prescriptions are given in both the apothecaries and the metric system. The author does not discuss the value of the combinations or prescriptions he collects, and gives us no means of knowing whether the action of the main ingredient is intensified or lessened by such combination. For those who are trained in pharmacology and are looking for collections of prescriptions, the book may prove of aid.

A. C. C.

**Eye, Ear, Nose and Throat.** The Practical Medical Series, 1915. Vol. 3. The Year Book Publishers, Chicago. Price \$1.50.

The 1915 tabloid of concentrated eye, ear and throat and nose knowledge is as practical and useful as its predecessors. It is also subject to the same criticism, namely, that the foreign literature is utterly neglected. This defect is not important as this phase of the subject is easily available in other publications. As an epitome of the advances in the American school its value can not be denied. Many of the Journals quoted are not easy of reference and the abstracts are therefore of considerable practical value.

There are no articles of such epoch-making importance that they deserve a separate review here. The book should always be within easy reach, not only of the specialist, but the general practitioner as well.

H. H.

**Diseases of the Ear, Nose and Throat.** By Wendell Christopher Phillips, M. D. Third revised edition. Published by F. A. Davis Company, Philadelphia. Price \$6.00.

It is a pleasure to review such a thoroughly satisfactory book as this one, which is now issued in its third edition. For the purpose for which it is intended, viz.: that of a practical students' book and general work for specialists, the reviewer knows none so good. The arrangement of the subjects is logical and the treatment of them clear and devoid of almost all the useless perpetuation of discarded theories and operations which pad so many works. Of special value is the section on the Influence of General Diseases on the Ear, Nose and Throat. This is a matter that many special workers are apt to lose sight of but which should be constantly in mind. The book is well printed and adequately illustrated. It can be heartily recommended to specialists in this work, general practitioners and students, as being everything to be desired in such a volume.

H. Y. McN.

**Outlines of Internal Medicine. For the Use of Nurses.** By Clifford Bailey Farr, A. M., M. D., Instructor in Medicine, University of Pennsylvania; Assistant Visiting Physician, Philadelphia General Hospital; Pathologist to the Presbyterian Hospital. 12mo., 408 pages, illus-

trated with 71 engravings and 5 plates. Cloth, \$2.00 net; Lea & Febiger, Publishers, Philadelphia and New York, 1915.

While this is a text-book for nurses and therefore not written to appeal to the medical man who is seeking new text-books, it is not out of place to recommend it most highly to those of us who are interested in the medical education of nurses and student nurses. Doctor Farr has made a very careful digest of the subject and the work, while concise, is eminently adequate for its purpose.

G. H. T.

**The Medical Clinics of Chicago.** Volume I, Number II (September 1915). Octavo of 194 pages, 44 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Published Bimonthly. Price per year, paper, \$8.00; cloth, \$12.00.

### Contents.

Clinic of Dr. Isaac A. Abt: Tuberculosis Meningitis.

Contribution Wm. Allen Pusey: X-Ray and Epithelioma.

Clinic of Dr. Frederick Tice: Heart Disease in Pregnancy. Purpura Haemorrhagica. Infantilism. Marie's Pulmonary Osteo-arthritis.

Clinic of Dr. Walter W. Hamburger: Cardiac Neurosis. Auricular Fibrillation. Irregularities of the Pulse.

Clinic of Dr. Robert B. Preble: Case of Mitral Stenosis and Mitral Insufficiency in a Young Girl Without Subjective Symptoms. Splenomyelogenous Leukemia. Syphilitic Aortitis.

Clinic of Dr. Maurice L. Goodkind: Splenic Enlargement.

Clinic of Dr. Ralph C. Hamill: Two Cases of Locomotor Ataxia. Case of Primary Optic Atrophy.

Clinic of Dr. Chas. S. Williamson: Aortic Aneurysm. Tubercular Pleurisy. Tubercular Pleurisy following a Periurethral Abscess.

Clinic of Dr. Chas. L. Mix: Case of Uncomplicated Duodenal Ulcer. Carcinoma of the Stomach.

**A Manual of the Practice of Medicine.** By A. A. Stevens, A. M., M. D., Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania, Lecturer on Medicine in the University of Pennsylvania. Tenth Edition, Revised. 12mo. of 629 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Flexible leather, \$2.50 net.

The preface of the first edition of this manual should be added to this edition in large type. Without the warning words, "that it may serve as an outline of Practice of Medicine" this book can serve no definite purpose. The articles are so brief that they convey only the most meagre details of the subjects discussed. While the author claims to have added the latest knowledge in this edition, much of it is so abbreviated that the reader learns little from it.

In general the book covers the field of medicine fairly well, but certain subjects could be revised with advantage. The chapter on ductless glands is especially weak. The subject of arthritis in its various forms is not well discussed nor is any attempt made at classification according to the recently accepted scheme of Barker.

In reading the chapter on diseases of the heart, there appears to be too much of the old idea of classifying these affections according to the valves involved, rather than attempting to impress the reader with the importance of realizing that the particular form of valvulitis is but one sign of an endocardial involvement with its train of general symptoms.

It would seem therefore that this book might